

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L34146**

1. Entity Name

**HOFER & HOFER INTERNATIONAL CONTEMPORARY ART, IN**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90126 023 \*\*\*150.00

Principal Place of Business <b>1390 OCEAN DRIVE SUITE 305 MIAMI BEACH FL 33139</b>	Mailing Address <b>1390 OCEAN DRIVE SUITE 305 MIAMI BEACH FL 33139-4245</b>
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0167914</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IDEN, BRUCE F.**  
**2100 PONCE DE LEON BLVD.**  
**SUITE 600**  
**MIAMI FL 33134**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOFER, RANDIE 1390 OCEAN DR. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
------------------------------------------------	------------------------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOFER, HERBERT 1390 OCEAN DR. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
------------------------------------------------	-------------------------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
------------------------------------------------	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	-------------------------------------------------------------------

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randie Hofer **1/20/00** **305-531-3105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #